

# NEWTOWN PARKS & RECREATION PROGRAM REGISTRATION FORM

Town Hall South, 3 Main Street  
Newtown, CT 06470

FAMILY LAST NAME \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Father's Work \_\_\_\_\_ Mother's Work \_\_\_\_\_  
Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Name & Phone Number \_\_\_\_\_

Program Code#	Participants Name	Age	Gr	Sex	Date of Birth	Program Title	Program Fee
						<b>PARK GIFT FUND</b>	
<b>MAKE CHECKS PAYABLE TO NEWTOWN PARKS AND RECREATION</b>						<b>TOTAL</b>	

List any specific health problems, allergies or medications \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

Refunds will not be given once a program starts. ALL Refunds subject to \$5 per person administrative surcharge.

## WAIVER OF TOWN LIABILITY

I, undersigned, assume all risks and hazards incidental to such participation in the above mentioned Newtown Parks & Recreation Department activity; and I hereby, waive, release, absolve indemnity, and agree to hold harmless the Newtown Parks and Recreation Department and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to myself/child. Participation is at my/my child's own risk. There is no medical coverage.

Parent/Guardian/Self Signature \_\_\_\_\_ Date \_\_\_\_\_